

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PRO-LIFE CAMPAIGN COMMITTEE

ADDRESS (number and street) 38172 Lost Lane Check if different than previously reported. (ACC) Purcellville VA 20132

2. FEC IDENTIFICATION NUMBER C00355958 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2004 through 09 30 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Christopher Gersten

Signature of Treasurer Electronically Filed by Christopher Gersten Date 01 25 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PRO-LIFE CAMPAIGN COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	0	4		266229.67
Y	Y	Y	Y							
2	0	0	4							
(b) Cash on Hand at Beginning of Reporting Period	226237.87									
(c) Total Receipts (from Line 19)	381531.62	1371800.54								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	607769.49	1638030.21								
7. Total Disbursements (from Line 31)	440858.06	1471118.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	166911.43	166911.43								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	6062.69									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
PRO-LIFE CAMPAIGN COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7270.00	13255.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	373838.06	1353034.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	381108.06	1366289.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	381108.06	1366289.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	423.56	1511.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	381531.62	1371800.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	381531.62	1371800.54

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	382456.99	1373217.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	382456.99	1373217.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53901.07	92401.07
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4500.00	5500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	440858.06	1471118.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	440858.06	1471118.78

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	381108.06	1366289.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	381108.06	1366289.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	382456.99	1373217.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	382456.99	1373217.71

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Patti Jo Allison		Date of Receipt	
	Mailing Address 6910 Larkvale Dr		M M / D D / Y Y Y Y 09 / 15 / 2004	
	City	State	Zip Code	Transaction ID: SA11AI.4541
	Rancho Palos Verde	CA	90275	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Refused		Occupation Refused		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Fred Bartley		Date of Receipt	
	Mailing Address 910 Covinton Grove Blv		M M / D D / Y Y Y Y 09 / 03 / 2004	
	City	State	Zip Code	Transaction ID: SA11AI.4528
	Bowling Green	KY	42104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Refused		Occupation Refused		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		225.00		

C.	Full Name (Last, First, Middle Initial) Patricia Beat		Date of Receipt	
	Mailing Address 2940 Spring Water Dr		M M / D D / Y Y Y Y 08 / 21 / 2004	
	City	State	Zip Code	Transaction ID: SA11AI.4513
	Toledo	OH	43617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer Self Employed		Occupation Self Employed		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		375.00		

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Daniel Brawley

Mailing Address Po Box 1675

City State Zip Code
Borger TX 79008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 27 / 2004**

Transaction ID: SA11AI.4483

Amount of Each Receipt this Period **100.00**

Contribution

B. Full Name (Last, First, Middle Initial)
Corey L Burnett

Mailing Address 7226 Grenlock Dr

City State Zip Code
Sylvania OH 43560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Refused Refused

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 01 / 2004**

Transaction ID: SA11AI.4523

Amount of Each Receipt this Period **75.00**

Contribution

C. Full Name (Last, First, Middle Initial)
Pat Carinci

Mailing Address 4065 Sunnyhill Dr

City State Zip Code
Carlsbad CA 92008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Refused Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 20 / 2004**

Transaction ID: SA11AI.4477

Amount of Each Receipt this Period **100.00**

Contribution

SUBTOTAL of Receipts This Page (optional) ► **275.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Joy Causey		Date of Receipt
	Mailing Address P O Box 220		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Cisne	IL	62823
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4502
Name of Employer Retired		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Alice M Ciotta		Date of Receipt
	Mailing Address 4051 Tennyson Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	North Olmsted	OH	44070
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4540
Name of Employer Refused		Occupation Refused	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Contribution

C.	Full Name (Last, First, Middle Initial) Albert Darakjian		Date of Receipt
	Mailing Address 5721 White Cloud Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westlake Village	CA	91362
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4512
Name of Employer Refused		Occupation Reitred	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Catherine Davis

Mailing Address P O Box 10

City Eads State CO Zip Code 81036

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 19 / 2004
Transaction ID: SA11AI.4548
Amount of Each Receipt this Period: 25.00
Contribution

B. Full Name (Last, First, Middle Initial)
Arthur Dearnley

Mailing Address Po Box 1443

City Alton State NH Zip Code 03809

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 21 / 2004
Transaction ID: SA11AI.4478
Amount of Each Receipt this Period: 100.00
Contribution

C. Full Name (Last, First, Middle Initial)
Connie F Dennis

Mailing Address 1762 Frink St Sw

City Ocean Isle Beach State NC Zip Code 28469

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 14 / 2004
Transaction ID: SA11AI.4467
Amount of Each Receipt this Period: 75.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 200.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ivette R Fantasia		Date of Receipt	
	Mailing Address Po Box 356		M M / D D / Y Y Y Y 08 / 18 / 2004	
	City	State	Zip Code	Transaction ID: SA11AI.4504
	N Scituate	RI	02857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Davon Port Assoc.		Occupation Acct.		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Thomas Fry		Date of Receipt	
	Mailing Address 19499 Deer Lake Rd		M M / D D / Y Y Y Y 08 / 13 / 2004	
	City	State	Zip Code	Transaction ID: SA11AI.4498
	Lutz	FL	33548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer Self Employed		Occupation Self Employed		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

C.	Full Name (Last, First, Middle Initial) Nikki Glenn		Date of Receipt	
	Mailing Address 416 20th St		M M / D D / Y Y Y Y 09 / 12 / 2004	
	City	State	Zip Code	Transaction ID: SA11AI.4532
	Niceville	FL	32578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		25.00	
Name of Employer Refused		Occupation Refused		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Margaret Griess		Date of Receipt
	Mailing Address 7036 Monongahela Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2004
	City	State	Zip Code
	Cincinnati	OH	45244
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4530
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 575.00	Contribution

B.	Full Name (Last, First, Middle Initial) Margaret Griess		Date of Receipt
	Mailing Address 7036 Monongahela Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2004
	City	State	Zip Code
	Cincinnati	OH	45244
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4552
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 675.00	Contribution

C.	Full Name (Last, First, Middle Initial) Margaret Griess		Date of Receipt
	Mailing Address 7036 Monongahela Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 29 / 2004
	City	State	Zip Code
	Cincinnati	OH	45244
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4554
Name of Employer Homemaker		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 775.00	Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Evelyn Griffin

Mailing Address 19875 Griffin Ln

City State Zip Code
Dexter MO 63841

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y
09 21 2004

Transaction ID: SA11AI.4549

Amount of Each Receipt this Period

35.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Coelette Hammen

Mailing Address 23251 520th St

City State Zip Code
Pocahontas IA 50574

FEC ID number of contributing federal political committee. **C**

Name of Employer Farm Service Agency Occupation Program Technician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
08 20 2004

Transaction ID: SA11AI.4508

Amount of Each Receipt this Period

25.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Richard Hebert

Mailing Address 15923 Stratton Park Dr

City State Zip Code
Spring TX 77379

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
09 10 2004

Transaction ID: SA11AI.4531

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ▶

160.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Richard Hebert

Mailing Address 15923 Stratton Park Dr

City State Zip Code
Spring TX 77379

FEC ID number of contributing federal political committee. C

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 27 / 2004

Transaction ID: SA11AI.4553

Amount of Each Receipt this Period 100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
James Henderson

Mailing Address 1315 Brockie Dr

City State Zip Code
York PA 17403

FEC ID number of contributing federal political committee. C

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 12 / 2004

Transaction ID: SA11AI.4494

Amount of Each Receipt this Period 50.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Carl Hinrichsen

Mailing Address 2 Fremont Ave

City State Zip Code
Park Ridge NJ 07656

FEC ID number of contributing federal political committee. C

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2004

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period 100.00

Contribution

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Allison M Huffstetler

Mailing Address 1716 S E 22nd Ave

City Portland State OR Zip Code 97214

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 01 / 2004
Transaction ID: SA11AI.4456
Amount of Each Receipt this Period 35.00
Contribution

B.

Full Name (Last, First, Middle Initial)
Joanne Kastberg

Mailing Address 18 Sunderland Ln

City Katonah State NY Zip Code 10536

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2004
Transaction ID: SA11AI.4527
Amount of Each Receipt this Period 75.00
Contribution

C.

Full Name (Last, First, Middle Initial)
Angie Kelley

Mailing Address 294 Private Road 7904

City Hawkins State TX Zip Code 75765

FEC ID number of contributing federal political committee. **C**

Name of Employer Texas Woodmill Occupation Book Keeper

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 16 / 2004
Transaction ID: SA11AI.4472
Amount of Each Receipt this Period 100.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 210.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Anne M Kernan

Mailing Address 35171 County Route 4

City Clayton State NY Zip Code 13624

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 29 / 2004
Transaction ID: SA11AI.4555
Amount of Each Receipt this Period: 100.00
Contribution

B.

Full Name (Last, First, Middle Initial)
Phyllis Kissner

Mailing Address 6687 Greenyard Ln Apt B

City Florissant State MO Zip Code 63033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 06 / 2004
Transaction ID: SA11AI.4458
Amount of Each Receipt this Period: 100.00
Contribution

C.

Full Name (Last, First, Middle Initial)
Janet K Kuhl

Mailing Address 1025 83rd St S

City Grand Forks State ND Zip Code 58201

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 01 / 2004
Transaction ID: SA11AI.4525
Amount of Each Receipt this Period: 25.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 225.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Edmund G La Cour	Date of Receipt MM / DD / YYYY 07 / 13 / 2004
	Mailing Address 406 Riveredge Pkwy	Transaction ID: SA11AI.4466
	City Dothan State AL Zip Code 36303	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Refused Occupation Refused Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Rebecca Lucas	Date of Receipt MM / DD / YYYY 09 / 17 / 2004
	Mailing Address 4409 Mill Village Rd	Transaction ID: SA11AI.4545
	City Raleigh State NC Zip Code 27612	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Refused Occupation Refused Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Lucy Martin	Date of Receipt MM / DD / YYYY 09 / 07 / 2004
	Mailing Address 258 Frysville Rd	Transaction ID: SA11AI.4529
	City Ephrata State PA Zip Code 17522	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Refused Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jeanenne Mc Gee

Mailing Address 17272 S Highway 75a

City State Zip Code
Mounds OK 74047

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2004

Transaction ID: SA11AI.4534

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Henry Mc Kinnon

Mailing Address 2203 W 46th Ave

City State Zip Code
Anchorage AK 99517

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2004

Transaction ID: SA11AI.4506

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Anna Mello

Mailing Address 16465 Center Ave

City State Zip Code
Los Banos CA 93635

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Self Employed

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2004

Transaction ID: SA11AI.4481

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Mary L Meltzer

Mailing Address 14 Edgecomb Rd

City State Zip Code
Binghamton NY 13905

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2004

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period
100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Frances Middleton

Mailing Address P O Box 956

City State Zip Code
Dothan AL 36302

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2004

Transaction ID: SA11AI.4453

Amount of Each Receipt this Period
50.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Frances Middleton

Mailing Address P O Box 956

City State Zip Code
Dothan AL 36302

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2004

Transaction ID: SA11AI.4487

Amount of Each Receipt this Period
50.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 200.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Frances Middleton
 Mailing Address P O Box 956
 City Dothan State AL Zip Code 36302
 Date of Receipt 09 / 01 / 2004
Transaction ID: SA11AI.4522
 Amount of Each Receipt this Period 50.00
 Contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Refused Occupation Refused
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

B. Full Name (Last, First, Middle Initial)
 Jeanette Miller
 Mailing Address 3877 Homestead Ln
 City East Jordan State MI Zip Code 49727
 Date of Receipt 09 / 01 / 2004
Transaction ID: SA11AI.4524
 Amount of Each Receipt this Period 25.00
 Contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Refused Occupation Refused
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

C. Full Name (Last, First, Middle Initial)
 Frances H Morton
 Mailing Address 24340 Saint Martin Rd
 City Albemarle State NC Zip Code 28001
 Date of Receipt 09 / 17 / 2004
Transaction ID: SA11AI.4546
 Amount of Each Receipt this Period 25.00
 Contribution
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Refused Occupation Refused
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Neil Olsen

Mailing Address 927 S 164th St

City State Zip Code
Omaha NE 68118

FEC ID number of contributing federal political committee. C

Name of Employer Refused Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 20 / 2004
Transaction ID: SA11AI.4510
 Amount of Each Receipt this Period 20.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Laura Pascoe

Mailing Address 9400 Etchart Rd

City State Zip Code
Bakersfield CA 93314

FEC ID number of contributing federal political committee. C

Name of Employer Refused Occupation
Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 10 / 2004
Transaction ID: SA11AI.4464
 Amount of Each Receipt this Period 125.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Robert Peterson

Mailing Address 687 Flat Branch Rd

City State Zip Code
Green Mountain NC 28740

FEC ID number of contributing federal political committee. C

Name of Employer Refused Occupation
Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2004
Transaction ID: SA11AI.4533
 Amount of Each Receipt this Period 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional) 195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 92
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Maxine Pittman	Date of Receipt MM / DD / YYYY 09 / 13 / 2004
	Mailing Address 120 Story Ln	Transaction ID: SA11AI.4535
	City State Zip Code Leesburg GA 31763	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Self Employed Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Charles Pollack	Date of Receipt MM / DD / YYYY 07 / 16 / 2004
	Mailing Address 1500 N Lake Shore Dr	Transaction ID: SA11AI.4471
	City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation none retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Kara Priehs	Date of Receipt MM / DD / YYYY 07 / 14 / 2004
	Mailing Address 18171 Redwood Ave	Transaction ID: SA11AI.4468
	City State Zip Code Lathrup Village MI 48076	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Refused Refused	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ron Randall

Mailing Address 47497 Spruce Cir

City State Zip Code
Dell Rapids SD 57022

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Self Employed

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	4

Transaction ID: SA11AI.4503

Amount of Each Receipt this Period
30.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ron Randall

Mailing Address 47497 Spruce Cir

City State Zip Code
Dell Rapids SD 57022

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Self Employed

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	3	/	2	0	0	4

Transaction ID: SA11AI.4536

Amount of Each Receipt this Period
40.00

Contribution

C. Full Name (Last, First, Middle Initial)
Glenn H Sacra

Mailing Address 55 Glezen Ln

City State Zip Code
Wayland MA 01778

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	4

Transaction ID: SA11AI.4511

Amount of Each Receipt this Period
75.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **145.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
Marg Scott

Mailing Address 32 Highland Ave

City Hillsdale State MI Zip Code 49242

FEC ID number of contributing federal political committee. **C**

Name of Employer School District Occupation Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 23 / 2004
Transaction ID: SA11AI.4551
 Amount of Each Receipt this Period 75.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Thomas W Seabright

Mailing Address 9498 Headlands Rd

City Mentor State OH Zip Code 44060

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2004
Transaction ID: SA11AI.4537
 Amount of Each Receipt this Period 100.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Susan Sikora

Mailing Address 30961 W Wildcat Rd

City Paradise State MI Zip Code 49768

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 17 / 2004
Transaction ID: SA11AI.4547
 Amount of Each Receipt this Period 25.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 200.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ethel Sikorsky	Date of Receipt MM / DD / YYYY 07 / 27 / 2004
	Mailing Address 125 Greenview Dr	Transaction ID: SA11AI.4482
	City State Zip Code Lancaster PA 17601	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Refused Occupation Housewife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00	

B.	Full Name (Last, First, Middle Initial) Thomas Snyder	Date of Receipt MM / DD / YYYY 09 / 14 / 2004
	Mailing Address 7364 Santa Ysabel Ave	Transaction ID: SA11AI.4538
	City State Zip Code Atascadero CA 93422	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer unemployed Occupation Unemployed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Jeanette Steudler	Date of Receipt MM / DD / YYYY 08 / 04 / 2004
	Mailing Address 138 Musser Ave	Transaction ID: SA11AI.4491
	City State Zip Code Lancaster PA 17602	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer None Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	160.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Frances Elaine Taylor

Mailing Address 710 Sundale Dr

City State Zip Code
York PA 17402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Housewife Housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 16 / 2004

Transaction ID: SA11AI.4500

Amount of Each Receipt this Period 100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Barbara Vandyken

Mailing Address 446 Greenwood Dr

City State Zip Code
Wisconsin Rapids WI 54494

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 13 / 2004

Transaction ID: SA11AI.4497

Amount of Each Receipt this Period 100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Loretta Vanee

Mailing Address 1060 Riehl St

City State Zip Code
Waterloo IA 50703

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Refused Refused

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2004

Transaction ID: SA11AI.4496

Amount of Each Receipt this Period 50.00

Contribution

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Pearl Viers

Mailing Address 1275 Carnation Ln

City State Zip Code
Montpelier OH 43543

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 15 / 2004**

Transaction ID: SA11AI.4469

Amount of Each Receipt this Period **50.00**

Contribution

B.

Full Name (Last, First, Middle Initial)
Pearl Viers

Mailing Address 1275 Carnation Ln

City State Zip Code
Montpelier OH 43543

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **08 / 15 / 2004**

Transaction ID: SA11AI.4499

Amount of Each Receipt this Period **50.00**

Contribution

C.

Full Name (Last, First, Middle Initial)
Pearl Viers

Mailing Address 1275 Carnation Ln

City State Zip Code
Montpelier OH 43543

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **09 / 15 / 2004**

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period **50.00**

Contribution

SUBTOTAL of Receipts This Page (optional) ► **150.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 92
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Linda Walker		Date of Receipt
	Mailing Address 66 Androus Ave		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Kenner	LA	70065
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Refused		Occupation Refused	Transaction ID: SA11AI.4519 Amount of Each Receipt this Period <input type="text" value="75.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

B.	Full Name (Last, First, Middle Initial) James Walsh		Date of Receipt
	Mailing Address 10 Winthrop St Ste 317		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Worcester	MA	01604
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation information requested	Transaction ID: SA11AI.4520 Amount of Each Receipt this Period <input type="text" value="100.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

C.	Full Name (Last, First, Middle Initial) Barbara Watrous		Date of Receipt
	Mailing Address 5415 W Grove Ct		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Visalia	CA	93291
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Self Employed	Transaction ID: SA11AI.4484 Amount of Each Receipt this Period <input type="text" value="100.00"/> Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="275.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 92
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Steven Welbourn

Mailing Address 9413 Green Hill Cir

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RBC Dain Rauscher Municipice Bond Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2004

Transaction ID: SA11AI.4517

Amount of Each Receipt this Period
100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Roger West

Mailing Address Po Box 160

City State Zip Code
Marble NC 28905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Self Employed

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period
75.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Rachelle Westra

Mailing Address 5182 Avenue 248

City State Zip Code
Tulare CA 93274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Refused Refused

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2004

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period
75.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 92

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ira L Williams Mailing Address 3206 20th St City Lubbock State TX Zip Code 79410 FEC ID number of contributing federal political committee. C Name of Employer Refused Occupation Refused Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2004 Transaction ID: SA11AI.4462 Amount of Each Receipt this Period 50.00 Contribution
B.	Full Name (Last, First, Middle Initial) Marian Wilson Mailing Address 1763 Marinette St City Torrance State CA Zip Code 90501 FEC ID number of contributing federal political committee. C Name of Employer Refused Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2004 Transaction ID: SA11AI.4518 Amount of Each Receipt this Period 150.00 Contribution
C.	Full Name (Last, First, Middle Initial) Michael Wilson Mailing Address 8912 Coral Cir City Huntington Beach State CA Zip Code 92646 FEC ID number of contributing federal political committee. C Name of Employer Refused Occupation Refused Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2004 Transaction ID: SA11AI.4550 Amount of Each Receipt this Period 25.00 Contribution

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 92
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Alice Woodley

Mailing Address 402 Brown St

City Haynes State ND Zip Code 58639

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY
08 / 20 / 2004

Transaction ID: SA11AI.4509

Amount of Each Receipt this Period: 100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
John F Zimmerman

Mailing Address 35 Mountain Rd

City Marysville State PA Zip Code 17053

FEC ID number of contributing federal political committee. **C**

Name of Employer Refused Occupation Refused

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY
09 / 16 / 2004

Transaction ID: SA11AI.4544

Amount of Each Receipt this Period: 50.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	7270.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 92
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Wachovia Bank, Na

Mailing Address PO Box 563966

City State Zip Code
Charlotte NC 28256-3966

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1087.93

Date of Receipt
M M / D D / Y Y Y Y Y
07 31 2004

Transaction ID: SA17.4690

Amount of Each Receipt this Period
0.48

Interest Received

B.

Full Name (Last, First, Middle Initial)
Wachovia Bank, Na

Mailing Address PO Box 563966

City State Zip Code
Charlotte NC 28256-3966

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1235.18

Date of Receipt
M M / D D / Y Y Y Y Y
07 31 2004

Transaction ID: SA17.4692

Amount of Each Receipt this Period
147.25

Interest Received

C.

Full Name (Last, First, Middle Initial)
Wachovia Bank, Na

Mailing Address PO Box 563966

City State Zip Code
Charlotte NC 28256-3966

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1235.96

Date of Receipt
M M / D D / Y Y Y Y Y
08 31 2004

Transaction ID: SA17.4691

Amount of Each Receipt this Period
0.78

Interest Received

SUBTOTAL of Receipts This Page (optional) ► 148.51

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 92
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Wachovia Bank, Na		Date of Receipt
	Mailing Address PO Box 563966		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Charlotte	NC	28256-3966
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4693
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="144.63"/>
		<input type="text" value="1380.59"/>	Interest Received

B.	Full Name (Last, First, Middle Initial) Wachovia Bank, Na		Date of Receipt
	Mailing Address PO Box 563966		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Charlotte	NC	28256-3966
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4556
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.38"/>
		<input type="text" value="1380.97"/>	Interest Received

C.	Full Name (Last, First, Middle Initial) Wachovia Bank, Na		Date of Receipt
	Mailing Address PO Box 563966		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2004"/>
	City	State	Zip Code
	Charlotte	NC	28256-3966
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.4557
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="130.04"/>
		<input type="text" value="1511.01"/>	Interest Received

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="275.05"/>
TOTAL This Period (last page this line number only)	<input type="text" value="423.56"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 33 / 92

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Adelphia Mailing Address 21730 Red Rum Dr Ste 192 City Ashburn State VA Zip Code 20147-5872 Purpose of Disbursement internet services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4561 Date of Disbursement 07 / 02 / 2004	Amount of Each Disbursement this Period 34.98
B.	Full Name (Last, First, Middle Initial) Adelphia Mailing Address 21730 Red Rum Dr Ste 192 City Ashburn State VA Zip Code 20147-5872 Purpose of Disbursement cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4603 Date of Disbursement 07 / 27 / 2004	Amount of Each Disbursement this Period 17.49
C.	Full Name (Last, First, Middle Initial) Adelphia Mailing Address 21730 Red Rum Dr Ste 192 City Ashburn State VA Zip Code 20147-5872 Purpose of Disbursement internet services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4640 Date of Disbursement 08 / 31 / 2004	Amount of Each Disbursement this Period 23.31

SUBTOTAL of Disbursements This Page (optional) ▶

75.78

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Adelphia</p> <p>Mailing Address 21730 Red Rum Dr Ste 192</p> <p>City Ashburn State VA Zip Code 20147-5872</p> <p>Purpose of Disbursement internet services Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4684 Date of Disbursement 09 / 29 / 2004</p> <p>Amount of Each Disbursement this Period 34.98</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Ms Jennifer Andrew</p> <p>Mailing Address 1335 A North Van Dorn</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement FEC Compliance Consulting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4679 Date of Disbursement 09 / 23 / 2004</p> <p>Amount of Each Disbursement this Period 37.50</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Aristotle International, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement FEC Compliance Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4707 Date of Disbursement 07 / 01 / 2004</p> <p>Amount of Each Disbursement this Period 3300.00</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3372.48

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 92

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Cascades Office Center <hr/> Mailing Address 21 145 Whitfield Pl Suite 106 <hr/> City Sterling State VA Zip Code 20165 <hr/> Purpose of Disbursement july rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4610 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 <hr/> Amount of Each Disbursement this Period 310.18
B.	Full Name (Last, First, Middle Initial) Cascades Office Center <hr/> Mailing Address 21 145 Whitfield Pl Suite 106 <hr/> City Sterling State VA Zip Code 20165 <hr/> Purpose of Disbursement june rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4611 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 4 <hr/> Amount of Each Disbursement this Period 333.81
C.	Full Name (Last, First, Middle Initial) Cascades Office Center <hr/> Mailing Address 21 145 Whitfield Pl Suite 106 <hr/> City Sterling State VA Zip Code 20165 <hr/> Purpose of Disbursement sept rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4688 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 4 <hr/> Amount of Each Disbursement this Period 712.65

SUBTOTAL of Disbursements This Page (optional) ▶

1356.64

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC Direct Mail/Telemarketing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4799 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 4	Amount of Each Disbursement this Period 13964.69
B.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4563 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 4	Amount of Each Disbursement this Period 5041.45
C.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC Direct Mail/Telemarketing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4801 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 4	Amount of Each Disbursement this Period 5179.35

SUBTOTAL of Disbursements This Page (optional) ▶

24185.49

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4568 Date of Disbursement 07 / 15 / 2004 Amount of Each Disbursement this Period 24795.02 003 Category/ Type	
B.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement In-Kind Contribution of Mailing List Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4789 Date of Disbursement 07 / 20 / 2004 Amount of Each Disbursement this Period 979.96 011 Category/ Type [MEMO ITEM]	
C.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4585 Date of Disbursement 07 / 22 / 2004 Amount of Each Disbursement this Period 16439.77 003 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

41234.79

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4791 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind Contribution of Mailing List	<input type="text" value="1115.29"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4606 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC telemarketing /direct mail	<input type="text" value="28779.92"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4795 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind Contribution of Mailing List	<input type="text" value="2660.36"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="28779.92"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4793 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement In-Kind Contribution of Mailing List	<input type="text" value="4685.79"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4714 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC telemarketing /direct mail	<input type="text" value="21192.90"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4631 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="08"/> <input type="text" value="12"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC telemarketing /direct mail	<input type="text" value="22533.41"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="43726.31"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4632 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 4	Amount of Each Disbursement this Period 36126.43
B.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4639 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 4	Amount of Each Disbursement this Period 34525.18
C.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4715 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 4	Amount of Each Disbursement this Period 39019.43

SUBTOTAL of Disbursements This Page (optional) ▶

109671.04

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4645 Date of Disbursement 09 / 09 / 2004 Amount of Each Disbursement this Period 18425.26 003 Category/ Type
B.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement PLCC telemarketing /direct mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4655 Date of Disbursement 09 / 16 / 2004 Amount of Each Disbursement this Period 36502.66 003 Category/ Type
C.	Full Name (Last, First, Middle Initial) HCC Political Advertising Mailing Address 1201 S Alma School Rd Ste 10500 City Mesa State AZ Zip Code 85210 Purpose of Disbursement In-Kind Contribution of Mailing List Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4796 Date of Disbursement 09 / 22 / 2004 Amount of Each Disbursement this Period 2146.70 011 Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

54927.92

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4682 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC telemarketing /direct mail	<input type="text" value="36805.47"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HCC Political Advertising	Transaction ID: SB21B.4689 Date of Disbursement
	Mailing Address 1201 S Alma School Rd Ste 10500	<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2004"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC telemarketing /direct mail	<input type="text" value="17577.85"/>
	Candidate Name	<input type="text" value="003"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: SB21B.4567 Date of Disbursement
	Mailing Address Po Box 105659	<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2004"/>
	City Atlanta State AL Zip Code 30348	Amount of Each Disbursement this Period
	Purpose of Disbursement 2003 taxes	<input type="text" value="229.42"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="54612.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) William J. Olson	Transaction ID: SB21B.4687 Date of Disbursement 09 / 29 / 2004
	Mailing Address Attorney At Law 8180 Greensboro Dr., Suite 1070	Amount of Each Disbursement this Period 527.16
	City Mclean State VA Zip Code 22102	
	Purpose of Disbursement FEC legal services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4559 Date of Disbursement 07 / 01 / 2004
	Mailing Address Po Box 2950	Amount of Each Disbursement this Period 2549.02
	City Merrifield State VA Zip Code 22116	
	Purpose of Disbursement Payroll (See Attached Memo)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ms Jennifer Andrew	Transaction ID: SB21B.4559.0 Date of Disbursement 07 / 01 / 2004
	Mailing Address 1335 A North Van Dorn	Amount of Each Disbursement this Period 549.02
	City Alexandria State VA Zip Code 22304	
	Purpose of Disbursement Payroll	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	3076.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Pablo Gersten	Transaction ID: SB21B.4559.1 Date of Disbursement
	Mailing Address Po Box 650248	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2004"/>
	City Sterling State VA Zip Code 20165	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2000.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4562 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="1111.57"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4564 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll service fees	<input type="text" value="147.41"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1258.98"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4569 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll (See Attached Memo) Candidate Name	<input type="text" value="765.26"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ms Jennifer Andrew	Transaction ID: SB21B.4569.0 Date of Disbursement
	Mailing Address 1335 A North Van Dorn	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="549.02"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.4569.1 Date of Disbursement
	Mailing Address 900 N. Stuart St. Apt 1011	<input type="text" value="07"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Arlington State VA Zip Code 22203	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="216.24"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="765.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address Po Box 2950</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4570</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="197.23"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Paychex, Inc.</p> <p>Mailing Address Po Box 2950</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement Payroll (See Attached Memo)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4605</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="720.34"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Ms Jennifer Andrew</p> <p>Mailing Address 1335 A North Van Dorn</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4605.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="549.02"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="917.57"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.4605.1 Date of Disbursement 07 / 29 / 2004
	Mailing Address 900 N. Stuart St. Apt 1011	Amount of Each Disbursement this Period 171.32
	City Arlington State VA Zip Code 22203	
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4607 Date of Disbursement 07 / 30 / 2004
	Mailing Address Po Box 2950	Amount of Each Disbursement this Period 187.71
	City Merrifield State VA Zip Code 22116	
	Purpose of Disbursement payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4711 Date of Disbursement 08 / 10 / 2004
	Mailing Address Po Box 2950	Amount of Each Disbursement this Period 114.56
	City Merrifield State VA Zip Code 22116	
	Purpose of Disbursement payroll service fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	302.27
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4712 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll (See Attached Memo) Candidate Name	<input type="text" value="765.26"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ms Jennifer Andrew	Transaction ID: SB21B.4712.0 Date of Disbursement
	Mailing Address 1335 A North Van Dorn	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2004"/>
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="549.02"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.4712.1 Date of Disbursement
	Mailing Address 900 N. Stuart St. Apt 1011	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2004"/>
	City Arlington State VA Zip Code 22203	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="216.24"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="765.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.6692
	Mailing Address Po Box 2950	Date of Disbursement 08 / 13 / 2004
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period 197.23
	Purpose of Disbursement Payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.6693
	Mailing Address Po Box 2950	Date of Disbursement 08 / 26 / 2004
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period 227.41
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.6693.0
	Mailing Address 900 N. Stuart St. Apt 1011	Date of Disbursement 08 / 26 / 2004
	City Arlington State VA Zip Code 22203	Amount of Each Disbursement this Period 227.41
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	424.64
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.6694
	Mailing Address Po Box 2950	Date of Disbursement 08 / 27 / 2004
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period 44.82
	Purpose of Disbursement Payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4641
	Mailing Address Po Box 2950	Date of Disbursement 09 / 08 / 2004
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period 956.72
	Purpose of Disbursement payroll taxes Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4642
	Mailing Address Po Box 2950	Date of Disbursement 09 / 08 / 2004
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Payroll (See Attached Memo) Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3001.54
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Pablo Gersten	Transaction ID: SB21B.4642.0 Date of Disbursement
	Mailing Address Po Box 650248	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2004"/>
	City Sterling State VA Zip Code 20165	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4643 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll (See Attached Memo)	<input type="text" value="282.29"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.4643.0 Date of Disbursement
	Mailing Address 900 N. Stuart St. Apt 1011	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2004"/>
	City Arlington State VA Zip Code 22203	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="282.29"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4646 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes Candidate Name	<input type="text" value="58.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4647 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll service fee Candidate Name	<input type="text" value="97.23"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4653 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement taxes Candidate Name	<input type="text" value="42.90"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="198.13"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4654 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll (See Attached Memo) Candidate Name	<input type="text" value="238.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.4654.0 Date of Disbursement
	Mailing Address 900 N. Stuart St. Apt 1011	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2004"/>
	City Arlington State VA Zip Code 22203	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name	<input type="text" value="238.65"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4680 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll (See Attached Memo) Candidate Name	<input type="text" value="2260.91"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="001"/>
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2499.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Pablo Gersten	Transaction ID: SB21B.4680.0 Date of Disbursement
	Mailing Address Po Box 650248	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2004"/>
	City Sterling State VA Zip Code 20165	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="2000.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type <input type="text" value="001"/>	

B.	Full Name (Last, First, Middle Initial) Alex Embry	Transaction ID: SB21B.4680.1 Date of Disbursement
	Mailing Address 900 N. Stuart St. Apt 1011	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2004"/>
	City Arlington State VA Zip Code 22203	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="260.91"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type <input type="text" value="001"/>	

C.	Full Name (Last, First, Middle Initial) Paychex, Inc.	Transaction ID: SB21B.4683 Date of Disbursement
	Mailing Address Po Box 2950	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2004"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll taxes	<input type="text" value="1008.88"/>
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Category/Type <input type="text" value="001"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1008.88"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
REPUBLICAN ISSUES COMMITTEE

Mailing Address 38172 Lost Lane

City Purcellville State VA Zip Code 20132

Purpose of Disbursement
rental expense
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.4677
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
United Printing And Mailing Inc

Mailing Address 3523 E Broadway

City Phoenix State AZ Zip Code 85040

Purpose of Disbursement
PLCC printing/marketing
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.4584
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
United Printing And Mailing Inc

Mailing Address 3523 E Broadway

City Phoenix State AZ Zip Code 85040

Purpose of Disbursement
PLCC printing/marketing
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.4630
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) United Printing And Mailing Inc	Transaction ID: SB21B.4644 Date of Disbursement
	Mailing Address 3523 E Broadway	<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2004"/>
	City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC printing/marketing	<input type="text" value="1662.37"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United Printing And Mailing Inc	Transaction ID: SB21B.4681 Date of Disbursement
	Mailing Address 3523 E Broadway	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2004"/>
	City Phoenix State AZ Zip Code 85040	Amount of Each Disbursement this Period
	Purpose of Disbursement PLCC printing/marketing	<input type="text" value="926.27"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: SB21B.4583 Date of Disbursement
	Mailing Address PO Box 17577	<input type="text" value="07"/> / <input type="text" value="20"/> / <input type="text" value="2004"/>
	City Baltimore State MD Zip Code 21297	Amount of Each Disbursement this Period
	Purpose of Disbursement phone	<input type="text" value="82.31"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2670.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 17577 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement phone bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4634 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 4
	Amount of Each Disbursement this Period 81.57 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 17577 <hr/> City Baltimore State MD Zip Code 21297 <hr/> Purpose of Disbursement phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4685 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 4
	Amount of Each Disbursement this Period 82.02 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ►

163.59

TOTAL This Period (last page this line number only) ►

382297.71

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
BEV KILMER FOR CONGRESS

Mailing Address PO Box 10278

City Tallahassee State FL Zip Code 32311

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

011
Category/
Type

Candidate Name
BEV KILMER

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: FL District: 02

Transaction ID: SB23.4764

Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

61.16

B. Full Name (Last, First, Middle Initial)
BRAD SMITH FOR CONGRESS

Mailing Address PO Box 128

City Somerset Center State MI Zip Code 49220

Purpose of Disbursement
Contribution to Fed. Comm.

011
Category/
Type

Candidate Name
BRADLEY L SMITH

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: MI District: 07

Transaction ID: SB23.4566

Date of Disbursement

07 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
BRAD SMITH FOR CONGRESS

Mailing Address PO Box 128

City Somerset Center State MI Zip Code 49220

Purpose of Disbursement
Contribution to Fed. Comm.

011
Category/
Type

Candidate Name
BRADLEY L SMITH

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: MI District: 07

Transaction ID: SB23.4604

Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2061.16

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS FOR CONGRESS

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

011
Category/
Type

Candidate Name
CATHY MCMORRIS

Office Sought: House Senate President
State: WA District: 05
Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4765
Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

75.06

B. Full Name (Last, First, Middle Initial)
CHOCOLA FOR CONGRESS INC.

Mailing Address PO Box 6728

City South Bend State IN Zip Code 46660

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

011
Category/
Type

Candidate Name
J CHRISTOPHER CHOCOLA

Office Sought: House Senate President
State: IN District: 02
Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4756
Date of Disbursement

07 / 20 / 2004

Amount of Each Disbursement this Period

48.11

C. Full Name (Last, First, Middle Initial)
CITIZENS UNITED POLITICAL VICTORY FUND

Mailing Address 1006 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution to Fed. Comm.

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4636
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5123.17

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial)
COBURN FOR SENATE COMMITTEE

Mailing Address 3300 W Okmulgee
PO Box 977

City Muskogee State OK Zip Code 74402

Purpose of Disbursement
Contribution to Fed. Comm.

Candidate Name
THOMAS A COBURN

Office Sought: House
 Senate
 President
State: OK District: 00

Disbursement For: 2004
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4638
Date of Disbursement

08 / 26 / 2004

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
CONAWAY FOR CONGRESS

Mailing Address PO Box 51272

City Midland State TX Zip Code 79710

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

Candidate Name
K. MICHAEL HON. CONAWAY

Office Sought: House
 Senate
 President
State: TX District: 11

Disbursement For: 2004
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4763
Date of Disbursement

07 / 20 / 2004

Amount of Each Disbursement this Period

96.26

C. Full Name (Last, First, Middle Initial)
CUBIN FOR CONGRESS INC.

Mailing Address PO Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

Candidate Name
BARBARA L CUBIN

Office Sought: House
 Senate
 President
State: WY District: 01

Disbursement For: 2004
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4766
Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

213.55

SUBTOTAL of Disbursements This Page (optional)

5309.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN HOSTETTLER COMMITTEE</p> <p>Mailing Address PO Box 3676</p> <p>City Evansville State IN Zip Code 47712</p> <p>Purpose of Disbursement Cont. to Fed. Comm. In-Kind</p> <p>Candidate Name RONALD E HOSTETTLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 08</p>	<p>Transaction ID: SB23.4778</p> <p>Date of Disbursement 09 / 22 / 2004</p> <p>Amount of Each Disbursement this Period 29.57</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF KATHERINE HARRIS</p> <p>Mailing Address PO Box 25187</p> <p>City Sarasota State FL Zip Code 33622</p> <p>Purpose of Disbursement Cont. to Fed. Comm. In-Kind</p> <p>Candidate Name KATHERINE HARRIS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 13</p>	<p>Transaction ID: SB23.4757</p> <p>Date of Disbursement 07 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 179.11</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Cont. to Fed. Comm. In-Kind</p> <p>Candidate Name GEOFFREY C DAVIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p>	<p>Transaction ID: SB23.4759</p> <p>Date of Disbursement 07 / 20 / 2004</p> <p>Amount of Each Disbursement this Period 122.95</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

331.63

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) MARTINEZ FOR SENATE <hr/> Mailing Address PO Box 536176 <hr/> City Orlando State FL Zip Code 33606 <hr/> Purpose of Disbursement Contribution to Fed. Comm.	Transaction ID: SB23.4633 Date of Disbursement 08 / 24 / 2004 <hr/> Amount of Each Disbursement this Period 2300.00		
		Candidate Name MEL MARTINEZ	011 Category/ Type
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MARTINEZ FOR SENATE <hr/> Mailing Address PO Box 536176 <hr/> City Orlando State FL Zip Code 33606 <hr/> Purpose of Disbursement Contribution to Fed. Comm.	Transaction ID: SB23.4650 Date of Disbursement 09 / 16 / 2004 <hr/> Amount of Each Disbursement this Period 5000.00		
		Candidate Name MEL MARTINEZ	011 Category/ Type
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) NETHERCUTT FOR SENATE <hr/> Mailing Address 330 112th Avenue, NE, Suite 101 <hr/> City Bellevue State WA Zip Code 21045 <hr/> Purpose of Disbursement Cont. to Fed. Comm. In-Kind	Transaction ID: SB23.4775 Date of Disbursement 08 / 04 / 2004 <hr/> Amount of Each Disbursement this Period 438.33		
		Candidate Name GEORGE R NETHERCUTT	011 Category/ Type
		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7738.33
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) NEUGEBAUER CONGRESSIONAL COMMITTEE <hr/> Mailing Address 3305 66th Street, Suite 1 <hr/> City Lubbock State TX Zip Code 79453 <hr/> Purpose of Disbursement Cont. to Fed. Comm. In-Kind Candidate Name RANDY NEUGEBAUER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4781 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 4
	Amount of Each Disbursement this Period 62.85
	Category/ Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS <hr/> Mailing Address PO Box 7313 <hr/> City Louisville State KY Zip Code 40257 <hr/> Purpose of Disbursement Cont. to Fed. Comm. In-Kind Candidate Name ANNE M NORTHUP <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4769 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 4
	Amount of Each Disbursement this Period 123.97
	Category/ Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PETE COORS FOR SENATE <hr/> Mailing Address 300 West Plaza Drive, Suite 175 <hr/> City Highlands Ranch State CO Zip Code 80127 <hr/> Purpose of Disbursement Cont. to Fed. Comm. In-Kind Candidate Name PETER COORS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4783 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 4
	Amount of Each Disbursement this Period 1267.86
	Category/ Type 011
	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1454.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS 2008	Transaction ID: SB23.4785 Date of Disbursement																			
	Mailing Address PO Box 38585	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	4												
	City Dallas State TX Zip Code 75238	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Cont. to Fed. Comm. In-Kind	<table border="1"><tr><td>88.00</td></tr></table>	88.00																		
88.00																					
	Candidate Name PETE SESSIONS	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS	Transaction ID: SB23.4786 Date of Disbursement																			
	Mailing Address PO Box 26087	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	0	4												
	City Las Vegas State NV Zip Code 89131	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Cont. to Fed. Comm. In-Kind	<table border="1"><tr><td>20.22</td></tr></table>	20.22																		
20.22																					
	Candidate Name JON SR PORTER	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	Transaction ID: SB23.4776 Date of Disbursement																			
	Mailing Address PO Box 5928	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	4												
	City Winston Salem State NC Zip Code 27113	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Cont. to Fed. Comm. In-Kind	<table border="1"><tr><td>2881.04</td></tr></table>	2881.04																		
2881.04																					
	Candidate Name RICHARD M BURR	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)

2989.26

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE	Transaction ID: SB23.4622 Date of Disbursement
	Mailing Address PO Box 5928	<input type="text" value="08"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Winston Salem State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Fed. Comm.	<input type="text" value="2100.00"/>
	Candidate Name RICHARD M BURR	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC.	Transaction ID: SB23.4787 Date of Disbursement
	Mailing Address PO Box 367	<input type="text" value="09"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Quitman State LA Zip Code 71268	Amount of Each Disbursement this Period
	Purpose of Disbursement Cont. to Fed. Comm. In-Kind	<input type="text" value="132.71"/>
	Candidate Name RODNEY MR. ALEXANDER	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SANTORUM 2006	Transaction ID: SB23.4621 Date of Disbursement
	Mailing Address One Tower Bridge Suite 1440	<input type="text" value="08"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="04"/>
	City Conshohocken State PA Zip Code 19428	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Fed. Comm.	<input type="text" value="1000.00"/>
	Candidate Name RICHARD J SANTORUM	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3232.71"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.

Full Name (Last, First, Middle Initial)
VIRGINIA FOXX FOR CONGRESS

Mailing Address 11468 Highway 105

City Banner Elk State NC Zip Code 27012

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

011
Category/
Type

Candidate Name
VIRGINIA FOXX

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼
State: NC District: 05

Transaction ID: SB23.4770
Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

288.43

B.

Full Name (Last, First, Middle Initial)
WOHLGEMUTH FOR CONGRESS

Mailing Address PO Box 878

City Burleson State TX Zip Code 75154

Purpose of Disbursement
Cont. to Fed. Comm. In-Kind

011
Category/
Type

Candidate Name
ARLENE MRS WOHLGEMUTH

Office Sought: House Senate President
Disbursement For: 2004 Primary General Other (specify) ▼
State: TX District: 17

Transaction ID: SB23.4771
Date of Disbursement

07 / 26 / 2004

Amount of Each Disbursement this Period

39.88

SUBTOTAL of Disbursements This Page (optional) ►

328.31

TOTAL This Period (last page this line number only) ►

53901.07

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A.	Full Name (Last, First, Middle Initial) Crisis Magazine	Transaction ID: SB29.4629 Date of Disbursement
	Mailing Address 1814 1/2 N. Street, Nw	<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2004"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement charitable donation - dinner Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Crisis Magazine	Transaction ID: SB29.4648 Date of Disbursement
	Mailing Address 1814 1/2 N. Street, Nw	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2004"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement charitable donation Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4500.00"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
PRO-LIFE CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HCC Political Advertising	Nature of Debt (Purpose): PLCC Direct Mail/Telemarketing(Estimate)
Mailing Address 1201 S Alma School Rd Ste 10500	
City State ZIP Code Mesa AZ 85210	

Outstanding Balance Beginning This Period 19144.04	Transaction ID: SD10.4798	
Amount Incurred This Period 0.00	Payment This Period 19144.04	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HCC Political Advertising	Nature of Debt (Purpose): Direct Mail/Telemarketing (Estimate)
Mailing Address 1201 S Alma School Rd Ste 10500	
City State ZIP Code Mesa AZ 85210	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.4797	
Amount Incurred This Period 6062.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 6062.69

1) SUBTOTALS This Period This Page (optional).....	6062.69
2) TOTALS This Period (last page this line number only).....	6062.69
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	6062.69

Form/Schedule: **F3XA**

Transaction ID:

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate. All expenditures made on behalf of a specifically identified federal candidate have been disclosed on Schedule B, Line 23 (11 CFR 104.3 and 106.1); 2) No expenditures disclosed on Schedule B, Line 21B constituted in-kind contributions or independent expenditures as defined under 11 CFR 100.26, 106.6(b)(2)(i), and 100.22; 3) The Committee requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). If the information is not supplied as a result of the initial request, the Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is corrected in the next regularly filed report.

Form/Schedule: **SB21B**

Fair Market Value of In-Kind Contribution of Mailing List. See Schedule B, Line 23 .

Transaction ID: **SB21B.4789**

Image# 28930585658

Form/Schedule: **SB21B** Fair Market Value of In-Kind Contribution of Mailing List. See Schedule B, Line 23 .

Transaction ID: **SB21B.4791**

Form/Schedule: **SB21B** Fair Market Value of In-Kind Contribution of Mailing List. See Schedule B, Line 23 .

Transaction ID: **SB21B.4795**

Image# 28930585659

Form/Schedule: **SB21B** Fair Market Value of In-Kind Contribution of Mailing List. See Schedule B, Line 23 .

Transaction ID: **SB21B.4793**

Form/Schedule: **SB21B** Fair Market Value of In-Kind Contribution of Mailing List. See Schedule B, Line 23 .

Transaction ID: **SB21B.4796**

Image# 28930585660

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.
Transaction ID: **SB23.4764**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.
Transaction ID: **SB23.4765**

Image# 28930585661

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/20/04.
Transaction ID: **SB23.4756**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/20/04.
Transaction ID: **SB23.4763**

Image# 28930585662

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.
Transaction ID: **SB23.4766**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 8/04/04.
Transaction ID: **SB23.4773**

Image# 28930585663

Form/Schedule: **SB23** primary debt

Transaction ID: **SB23.4626**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.

Transaction ID: **SB23.4767**

Image# 28930585664

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4777**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4778**

Image# 28930585665

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/20/04.

Transaction ID: **SB23.4757**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/20/04.

Transaction ID: **SB23.4759**

Image# 28930585666

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/20/04.

Transaction ID: **SB23.4760**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.

Transaction ID: **SB23.4779**

Image# 28930585667

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See HCC Political advertising 7/20/04.
Transaction ID: **SB23.4761**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4780**

Image# 28930585668

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.
Transaction ID: **SB23.4768**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 8/04/04.
Transaction ID: **SB23.4774**

Image# 28930585669

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 8/02/04.
Transaction ID: **SB23.4772**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 8/04/04.
Transaction ID: **SB23.4775**

Image# 28930585670

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4781**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.
Transaction ID: **SB23.4769**

Image# 28930585671

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4783**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4785**

Image# 28930585672

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.
Transaction ID: **SB23.4786**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 8/04/04.
Transaction ID: **SB23.4776**

Image# 28930585673

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 9/22/04.

Transaction ID: **SB23.4787**

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.

Transaction ID: **SB23.4770**

Image# 28930585674

Form/Schedule: **SB23** For Fair Market Value use of mailing list. See Schedule B, Line 21(b) HCC Political Advertising 7/26/04.
Transaction ID: **SB23.4771**

Form/Schedule: **SD10** This Schedule D, Line 10 entry represents an uninvoiced estimate of a debt outstanding to the vendor that may not have been available at the time the original report and/or amendment was filed. The actual amount of the debt was ascertained and invoiced by the vendor in the following month and the invoice was paid by the Committee at that time. We have included the estimate in this amendment in the interest of full disclosure.
Transaction ID: **SD10.4798**

Form/Schedule: **SD10**

Transaction ID: **SD10.4797**

This Schedule D, Line 10 entry represents an uninvoiced estimate of a debt outstanding to the vendor that may not have been available at the time the original report and/or amendment was filed. The actual amount of the debt was ascertained and invoiced by the vendor in the following month and the invoice was paid by the Committee at that time. We have included the estimate in this amendment in the interest of full disclosure.